2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P98000043775 TILLEY AND ASSOCIATES, INC. 04-22-2000 90133 026 ***150.00 Mailing Address Principal Place of Business 3903 INDIA COVE 3903 INDIA COVE GULF BREEZE FL 32561 GULF BREEZE FL 32561-3569 とうじませなりは 2. Principal Place of Business 3. Mailing Address 6001 OTTER POTAT ROAD 6001 OTTER POINT ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-35 12238 PENSACOLA. FL Not Applicable Pensacola \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32504 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME Street Address (P.O. Box Number is Not Acceptable) TILLEY, KEVIN 6001 OTTER POINT 3903 INDIA COVE **GULF BREEZE FL 32561** Zip Code 32504 PENSACOLA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. KENIN TILLEY FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. OCK. CHARL Change . ■ Addition TITLE TITLE ☐ Delete KRUIN TILLEY NAME NAME TILLEY, KEVIN 6001 OTTER POINT ROAM STREET ADDRESS STREET ADDRESS 3903 INDIA COVE PRNSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a phiner like empowered.

TIT! F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/16/00 850-934-0498

Daytime Phone #

☐ Change

☐ Addition